## FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVA

SEC USE ONLY

3235-0076

Expires:

OMB NUMBER:

Prefix

April 30, 2008

Serial

Estimated average burden

hours per response......16.00

	or built in the second	DATE	RECEIVED JULIOSEIJ
Name of Offering ( check if this is an amendme	nt and name has changed, and indicate change.)		JUN 1 5 2007
Limited Partnership Interests		•	THOMSON
Filing Under (Check box(es) that apply):	□ Rule 504 □ Rule 505 ■ Rule 506 □ Section	14(6) 🗆 ULOE	FINANCIAL
Type of Filing: ■ New Filing □ Amendment			
	A. BASIC IDENTIFICATION DAT	A	NECHAED AND
1. Enter the information requested about the issue	er .	//	C C 2007
Name of Issuer ( check if this is an amendment a	and name has changed, and indicate change.)		JUN 10 10 2001
Seleucus Retail, L.P.			105 /
Address of Executive Offices (Number and	ing Area Code)		
c/o Xunder JV Partners LLC, c/o Maples and C Church Street, George Town, Grand Cayman,			<b>V</b>
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Includ	ing Area Code)
Brief Description of Business:			
Real estate investments		4	
Type of Business Organization			}{\$\$\$##\$\$\$#\$\$\$#\$\$#\$\$##\$\$##\$\$###\$\$###\$
□ corporation	■ limited partnership, already formed	☐ other (please specify):	}
☐ business trust	☐ limited partnership, to be formed		: 188(() 28111 188() 28118 8(() 18818 188() 18818 188() 1881
	Month Year	— — — — — — — — — — — — — — —	07067267
Actual or Estimated Date of Incorporation or Orga		☐ Estimated	01001201
Jurisdiction of Incorporation or Organization: (En	ter two-letter U.S. Postal Service abbreviation for State CN for Canada: FN for other foreign jurisdiction		

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 USC 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

When to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires a payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA			
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	■ General and/or Managing Partner	
Full Name (Last name first, if individual)						
Xander JV Partners LLC						
Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)			
c/o Maples and Calder, P.O. Box 309GT	· Ligional House	e South Church Street	George Town Grand C	avman Cavman	Lelanda	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)						
Yog, Siddhartha						
Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)			
/ M		0 10 10 10	C 7 C 16			
c/o Maples and Calder, P.O. Box 309GT Check Box(es) that Apply:	, Ugland House  □ Promoter	e, South Church Street,  Beneficial Owner	George Town, Grand C  ☐ Executive Officer	ayman, Cayman  ☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)	LI TOMOTEI	D Delicitationilei	D Executive Officer	Li Director	Ochera and of Managing Partner	
,						
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)			
	(					
Check Box(es) that Apply:		D. D 6-1-10	55	- Di	TO Constitution to the same that	
Full Name (Last name first, if individual)	□ Promoter	☐ Beneficial Owner	□Executive Officer	□ Director	☐ General and/or Managing Partner	
Tan value (East Indice 1131, it individual)			1			
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)			
Dustries of Residence Address	(14mmori mio 5	acci, City, State, 21p Co	uc)			
Checl: Box(es) that Apply:		m.P. (*.)10	OM	- D'		
Full Name (Last name first, if individual)	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner	
2 (200						
Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)			
Dustiness of Residence Fiduless	(rumoc: and c	orect, City, State, Zip Co	ac,			
Checl: Box(es) that Apply:						
Full Name (Last name first, if individual)	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner	
Tan Name (East name 16st, it motividal)						
Business or Residence Address	(Number and S	Street City State 7in Co	راها،	· · · · · · · · · · · · · · · · · · ·		
business of Residence Address	(Number and a	Street, City, State, Zip Co	ide)			
		<del></del>				
Check Box(es) that Apply: Full Name (Last name first, if individual)	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
ruit Name (Last name 117st, 11 moividual)						
	<del></del>	<u> </u>	<del></del>			
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)						
	<del></del> _					
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING							
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No				
1.	Answer also in Appendix, Column 2, if filing under ULOE.	O	•				
2.	\$N/A						
	What is the minimum investment that will be accepted from any individual?	Yes	No				
3.	Does the offering permit joint ownership of a single unit?	=	o o				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.						
Full Non	Name (Last name first, if individual)						
	iness or Residence Address (Number and Street, City, State, Zip Code)						
Dusi	mess of Residence Address (Number and Street, City, State, Exp Code)						
Nam	ne of Associated Broker or Dealer						
State	es in which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	All States					
_ [] _ []	AL] _[AK] _[AZ] _[AR] _[CA] _[CO] _[CT] _[DE] _[DC] _[FL] _[GA] [IL] _[IN] _[IN] _[IN] _[KS] _[KY] _[LA] _[ME] _[MD] _[MA] _[MI] _[MN] [MT] _[NE] _[NV] _[NH] _[NJ] _[NM] _[NY] _[NC] _[ND] _[OH] _[OK] [FL] _[SC] _[SD] _[TN] _[TX] _[UT] _[VT] _[VA] _[WA] _[WV] _[WI]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]				
Full	name (Last name first, if individual)						
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)	<del></del>					
Nam	ne of Associated Broker or Dealer						
State	tes in which Person Listed Has Solicited or Intends to Solicit Purchasers						
	(Check "All States" or check individual States)	All States					
]_ ]_	AL] _[AK] _[AZ] _[AR] _[CA] _[CO] _[CT] _[DE] _[DC] _[FL] _[GA] [IL] _[IN] _[IA] _[KS] _[KY] _[LA] _[ME] _[MD] _[MA] _[MI] _[MN] [MT] _[NE] _[NV] _[NH] _[NJ] _[NM] _[NY] _[NC] _[ND] _[OH] _[OK] [FJ] _[SC] _[SD] _[TN] _[TX] _[UT] _[VT] _[VA] _[WA] _[WV] _[WV]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]				
Full	Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Name of Associated Broker or Dealer							
States in which Person Listed Has Solicited or Intends to Solicit Purchasers							
	(Check "All States" or check individual States)	All States					
_ [ _ [	[AL]       [AK]       [AZ]       [AR]       [CA]       [CO]       [CT]       [DE]       [DC]       [FL]       [GA]         [IL]       [IN]       [IN]       [KS]       [KY]       [LA]       [ME]       [MD]       [MA]       [MI]       [MN]         [MT]       [NE]       [NV]       [NH]       [NJ]       [NM]       [NY]       [NC]       [ND]       [OH]       [OK]         [RI]       [SC]       [SD]       [TN]       [TX]       [UT]       [VT]       [VA]       [WA]       [WV]       [WI]	_ [HI] _ [MS} _ [OR] _ [WY]	_ (ID) _ {MO) _ [PA] _ [PR]				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold	
	Type of Security			
	Debt	\$	<b>s</b>	
	Equity	\$	s	
	□ Common □ Preferred			
	Convertible Securities (including warrants)	<b>s</b>	<b>s</b>	
	Partnership Interests	\$_100,000,000	\$ <u> </u>	
	Other (Specify)	<b>s</b> _	<b>S</b>	
	Total	\$ 100,000,000	<b>s</b> 0	
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases	
	Accredited Investors	0	\$0	
	Non-accredited Investors		s	
	Total (for filings under Rule 504 only)		S	
	Answer also in Appendix, Column 4, if filing under ULOE			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of Security	Dollar Amount Sold	
	Type of offering		•	
	Rule 505	·	-	
	Regulation A		\$	
	Rule 504		\$	
	Total	<del></del>	<b>s</b>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	۵	s	
	Printing and Engraving Costs	o	<b>s</b> _	
	Legal Fees	<b>D</b>	s	
	Accounting Fees	_ D	<b>s</b>	
	Engineering Fees	٥	s	
	Sales Commissions (specify finders' fees separately)		<u> </u>	
	Other Expenses (identify) including legal fees.	<u>.</u>	\$ 225,000	
		•		
	Total	•	\$ 225,000	

	C. OFFERIN	G PRICE, NUMBER O	F INVESTORS, EX	PENSES AN	D USE OF PROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to P I and total expenses furnished in response to Part C - Question 4.a. This difference adjusted gross proceeds to the issuer."			e `	:	\$ <u>99,775,000</u>	
5.	Indicate below the amount of the adjusted g for each of the purposes shown. If the amo and check the box to the left of the estimate adjusted gross proceeds to the issuer set for	ount for any purpose is not e. The total of the paymen	t known, furnish an e nts listed must equal	stimate the	'		
	•	·			Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			0	\$ <u>.</u>	0	\$
	Purchase of real estate			0	<b>s</b>	0	<b>s</b>
	Purchase, rental or leasing and installation	of machinery and equipm	ent		<b>s</b>		\$
	Construction or leasing of plant buildings a	and facilities	***************************************		s	0	s
	Acquisition of other business (including the	e value of securities involv	ved in this offering	_	<del></del>		***************************************
	that may be used in exchange for the assets merger).	or securities of another is	ssuer pursuant to a	a	\$	a	2
	Repayment of indebtedness			0	S.:	n n	s
	Working empital			a	5	<b>n</b>	\$_99,775,000
	Other (specify):			_	•		
	Ones (speed) [.			_ 0	• <u> </u>	۵	<b></b>
				· 	<b>S</b> .	_	
	Column Totals.	,	•		S . 0	_	\$
				•	<del></del>	•	\$_99,775,000_
	Total Payments Listed (column totals added)				■ \$ <u>_99</u>	9,775,000	<del>-</del>
		D, F)	EDERAL SIGNATI	URE			
an u	e issuer has duly caused this notice to be signed in dertaking by the issuer to furnish to the U.S indicated investor pursuant to paragraph (b)	S. Securities and Exchange					
issu	er (Print or Type)	Signature	-		Date		
Selencus Retail, L.P.		<b>A</b>	- 7		May 30, 2007		
Nan	me of Signer (Print or Type)	Title of Signer (P	Print or Type)				
Siddhartha Yog Director of Xander JV Part		der JV Partners LL	C, the Gener	al Pariner of the Issuer			
			*** · · · · · · · · · · · · · · · · · ·				
		A	TTENTION —		<u>.</u>		
	Intentional misstatements			ral crimin	al violations. (See 18	U.S.C. 1	1001.)

END